OFFICE OF THE DIRECTOR OF HEALTH AND FAMILY PLANNING SERVICES, BANGALORE.

Dated 12th June 1969.

Auxiliary Nurse Midwives Training Programme.

No. MCT/2506/69-70. Applications are invited from Lady candidates preferably those knowing Kannada, preference being shown to unmarried or widowed and the deserted candidates, form undergoing Training in Auxiliary Nurse Midwives Course conducted by the Department of Health and Family Planning Services at the following Centres:—

	Name of the Training Centre	No. of Candidates	No. of seats reserved for backward classes	No. of seats reserved for SC. and ST. candidates
1	K. C. G. Hospital, Malleswaram, Bangalore	30	9	6
2	K. R. Hospital, Mysore	20	6	4
3	Government Wenlock Hospital, Mangalore	20	6	4
4	Mc. Gann Hospital, Shimoga	30	9	6
5	Government H. Q. Hospital, Bellary	40	12	8
6	do Coorg	20	6	4
7	Civil Hospital, Dharwar	30	9	6

The requirements for the Auxiliary Nurse Midwives Training are as follows:—

Age.—The applicants should have complete l 18 years of age and must be within 35 years as on 17th July 1969. In the Case of candidates belonging to Scheduled Castes and Scheduled Tribes the age limit is extended upto 4. years.

Qualifications.—The Candidates should have passed 7th standard of New Scheme or VIII standard (8th std.) Examination of old scheme. The qualification is relaxable subject to minimum of VI standard pass (New scheme) or VII Standard pass (Old scheme) in case of candidates belonging to Scheduled Castes and Schedule l Tribes an l the candidate who have done Dais training or midwivery training in deserving cases. Preference will be given to candidates who are working now as Family Welfare workers in the Department.

The candidates who come under one of the following categories will be considered as backward for the purpose in case it is supported by a certificate as per Annexure-1.

A candidate whose parent's/guardins' income is Rs. 1,200 per annum or less and whose (parent/guardian) is engaged in one of the occupations mentioned below, *viz*:—

(a) Actual Cultivator.
(b) Artisan.
(c) Petty Businessman.
(d) Inferior Services (*i. e.* class IV in Government Service and corresponding class of service in private employment) including casual labour and
(e) Any other occupation involving manual labour.

The duration of Training is two years.

The selected candidates will be eligible for a stipend of Rs. 60 p.m. after producing a security bond to the effect that they will serve in Mysore Government Department of Health Services for a period of at least 5 years from the date of receipt of the appointment order.

The prescribed application forms can be had from the following in person or by enclosing a self addressed stamped envelopes.

The District Health Officers or the District Surgeons of above Districts.

The Assistant Director of Health and Family Planning Services, Maternity and Child Health section, Anandarao Circle, Seshadri Road, Bangalore.

No notice will be taken of the requests received without the self addressed stamped envolope.

The prescribed application form, duly filled in and completed in all respects with the attested copies of the required certificates should reach the District Health and Family Planning Officers of the respective District on or before 17th July 1969.

The applications received after are liable to be rejected.

The applicants whom called for an interview should appear at their own cost for interview at the concerned District Health and Family Planning Officers.

Original certificates have to be produced at the time of interview and again at the time of joing the training.

The candidates after sucessful completion of the Training which is for a period of 2 years, will be appointed as Auxiliary Nurse Midwives in the Primary Health Centres or sub-centres on a pay scale of Rs. 70-2-80-3-125 *plus* Uniform and Ration Allowance of Rs. 24 *plus* admissible Dearness allowance.

N.B.—Any candidate found to be pregnant at the time of admission to the course, will not be admitted to the training.

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Director of Health and F. P. Services.

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Application for Auxiliary Nurse Midwives Training Course (To be filled in by the Candidate in her own handwriting in English/Kannada.)

1 Name in full (Block letters)	
2 Present occupation, if any	
3 Address in full	
4 Father's name or Guardian's name and address and income.	
5 Date of birth and Age (Copy of the School Leaving Certificate to be enclosed).	
6 (a) Nationality/Community (b) Whether Mysorean or Non-Mysorean	
7 Whether married, single, widowed, divorced or deserted, number of children if any age of last child (if divorced or deserted, a copy of the judicial separation certificate may be enclosed). (If married a consent letter from her husband had to be enclosed	
8 Education Qualification	
9 Does the applicant know Kannada ? if so, specimen copy of the handwriting in Kannada may be enclosed.	
10 (a) Has the applicant had any practice in Midwifery (Or a Dai)? If so, where and for what period? (b) Has the applicant been working as a Family Planning Welfare Workers, and if so. where and since when.	
11 Whether the following documents are attached:— (a) Certificate signed by the head of the School where applicant had studied indicating the highest Examination. (b) A certificate of age (copy of the transfer certificate). (c) Physical fitness and vaccination certificate signed by a Medical Officer not below the rank of an Asst. Surgeon. (d) Two certificates of good moral character signed by persons of position who should have known the applicant for at least 2 years preceding the date of application. (e) If belonging to Backward/Scheduled Caste or Scheduled Tribes, certificate for the same by the competitive authority.	

12 Name and address of 2 Sureties where in the Mysore Government Service drawing pay not less than Rs. 100 or from MLA or MLC or equivalent.	
The centres in which the candidate desired to undergo the training in order of priority.	
14 Any other particulars which may help in her selection.	
15 Had the candidate joined any training course earlier. (a) if yes furnish (b) Name of the place of the Institution and nature of training course and the period of training undergone. (c) Reason for the discontinuance. (d) Any amount refunded by the candidate towards stipend, etc., received during the period (full particulars about amount remittance endorsement obtained, etc.; should be furnished.)	

N. B. — I declare that the above statements are true to the best of my knowledge and belief. I have read the conditions and rules of training and service which I abide with. I agree to serve the Department of Health Services after completion of training, for not less than 5 years in Rural areas failing which I agree to refund the entire amount of stipend paid to me during the training.

Signature of applicant.

Rules and regulations and conditions for training of stipendiary Auxiliary Nurse Midwive Trainees for service in the Department of Health Services.

1 The candidate should be ladies and have passed VII standard of new scheme or VIII of old scheme or equivalent examination and they should know Kannada. Qualifications will be relaxed to VI standard pass (New Scheme) VII standard passed (Old Scheme) in case of Scheduled Castes and Scheduled Tribes candidates and candidates who have been Dais Training or Midwifery training in deserving cases.

2 The age of admission should be above 18 and below 35 years, 40 years in case of Scheduled Castes and Scheduled Tribes candidates.

3 The duration of course is 24 months (2 years).

4 The candidates who are employed as Family Planning Welfare workers under Family Planning Scheme will be given preference.

5 The selected stipendiary candidates should execute a bond in the prescribed form, agreeing to serve the Department of Health Services for a period of not less than 5 years or to refund the amount of stipend received, if they are discharged from service for misconduct or if they fail to serve for the period of 5 years.

6 They should strictly adhere to the rules and discipline of the institution where they are under Training.

7 They should give two sureties from persons in position preferable permanent Mysore Government servant with pay not less than Rs. 100 per month or others such as MLA, or equivalent.

8 A stipend of Rs. 60 p.m. will be paid for the period of training of 24 months, on production of the bond as mentioned above.

9 The candidate should give an undertaking stating that she is prepared to work anywhere in Mysore State fter completion of her training and to undergo the training at any place if she is selected (she can mention the atres for her training in orde of priority).

10 The candidates not having the required knowledge in Kannada will give an undertaking that they will learn Kannada within 6 months from the date of joining the Training.

11 The candidates will be required to appear for interview at their own cost. They will not be entitled for T. A. for joining the Training course or on first appointment. Free accommodation will be provided wherever available, but if accommodation is not provided, no extra allowances will be paid in lieu of accommodation.

12 Applications without the required certificates and not in the prescribed form will not be considered. The opies of the certificates attached to the application should be attested by a Gazetted Officer. The originals should byproduced for verification at the time of interview and at the time of admission to the Training.

H. SHAMA SASTRY,
Director of Health & F. P. Services.

ANNEXURE I

BACKWARD CLASS CERTIFICATE

[For purposes of Article 16 (4) of the Constitution].

1 Name of the applicant.	
2 Name of the parent/guardian (if parent is not alive). In the case of guardian, state nature of relationship to the candidate.	
3 Permanent Address.	
4 Postal Address.	
5 Occupation of parent/guardian (if parent is not alive). Indicate whether :— (i) Actual cultivator. (ii) Artisan. (iii) Petty businessman. (iv) Inferior Services, (*i.e.*, Class IV in Government services and corresponding class of service in private employment) including casual labour. (e) Any other occupation involving manual labour.	
6 Total income of parent/guardian (if parent is not alive) from all sources:— (i) Salary. (ii) Land and Buildings. (iii) Other sources.	

DECLARATION BY PARENT/GUARDIAN (IF PARENT IS NOT ALIVE) AND THE CANDIDATE.

We do hereby solemnly and sincerely affirm that the statements made and the information furnished above are true. Should it however be found that any information furnished herein is untrue in material particulars, we realise that we are liable to Criminal Prosecution and we are also agreeable to forego the claim for Public Services under the State Government.

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Signature of the Candidate.

.....
Signature of the parent/guardian (If the parent is not alive).

Station.....
Dated.....

CERTIFICATE BY REVENUE AUTHORITY.

I do hereby certify that I have on enquiry satisfied myself that the income of the parent/guardian (if the parent is not alive) of the candidate applying for benefit granted in Government Order No. GAD 177 SSR 62, dated 16th September 1963 to Backward Classes of Citizens, is Rs..... .....

I am also satisfied that the parent/guardian (if the parent is not alive) of the candidate is pursuing one of the following occupations* :—

(1) Actual Cultivator.
(2) Artisan.
(3) Petty Businessman.
(4) Inferior services (*i. e.*, Class IV in Government Services and corresponding class of service in private employment, including casual labour).
(5) Any other occupation involving manual labour.

* Strike out whichever is not relevant.

(Seal of office)

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Signature of Tahsildar/Revenue Officer of Higher Rank.